

UTILITY PATENT APPLICATION TRANSMITTAL

Title of Invention

PORTABLE HEALTH ASSISTANT

Named Inventor(s)

Mark L. Braunstein and Stephen P. Miller

Attorney Docket

16022-0101

Express Mail Label No.

EL 498 679 489 US

(Only for new nonprovisional applications
under 37 CFR 1.53(b))

APPLICATION ELEMENTS

1. ☐ Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification, Claims,
and Abstract Total Pages **45**
3. ☒ Drawings Total Sheets **18**
4. Oath or Declaration Total Pages -----
a. ☐ Newly executed (original or copy)
b. ☐ Copy from prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17
completed)
[Note Box 5 Below]
(i) ☐ DELETION OF INVENTOR(S)
Signed statement attached
deleting inventor(s) named in the
prior application, see 37 CFR
1.63(d)(2) and 1.33(b).
5. ☐ Incorporation by Reference
(usable if Box 4b is checked)
The entire disclosure of the prior application, from
which a copy of the oath or declaration is supplied
under Box 4b, is considered as being part of the
disclosure of the accompanying application and is
hereby incorporated by reference therein.
6. ☐ Microfiche Computer Program (Appendix)
7. ☐ Nucleotide and/or Amino Acid Sequence
Submission (if applicable, all necessary)
a. ☐ Computer Readable Copy
b. ☐ Paper Copy (identical to computer copy)
c. ☐ Statement verifying identity of
above copies

Assistant Commissioner for Patents
ADDRESS TO: Box Patent Application
Washington, D.C. 20231

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet &
document(s))
9. ☐ 37 CFR 3.73(b) Statement
(when there is an assignee)
☐ Power of Attorney by assignee
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure Statement (IDS)
PTO-1449
☐ Copies of IDS Citations
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ Small Entity Statement(s)
☐ Statement filed in prior application
Status still proper and desired
15. ☐ Certified Copy of Priority Document(s)
16. ☐ Other: _____

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: _____

18. CORRESPONDENCE ADDRESS:

Adam Avrunin, Esq.
JONES & ASKEW, LLP
2400 Monarch Tower
3424 Peachtree Road, N.E.
Atlanta, Georgia 30326

By: Adam Avrunin Reg. No. P-45,457
Date: January 21, 2000
Telephone: 404-949-2400
Facsimile: 404-949-2499

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